

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL  
EDUCATION  
Early Intervention Committee Meeting

LOCATION  
Nome City Hall  
Nome, Alaska

Meeting Date  
October 26-28, 2010  
Face to Face Meeting

Attendees:

Mary Deitz  
Linda Borghols  
Patrick Pillai  
Amy Simpson

Community Members/Guests:

Carolyn Coe  
Lizette Stiehr

Staff:

Teresa Holt  
Duane Mayes

Prepared by:  
Teresa Holt

**Call to Order – October 26, 2010 at 1:00 p.m.**

**Roll Call**

**Norton Sound Health Corporation ILP Site Visit**

Amy Simpson and Teresa Holt welcomed everyone to Nome. We ate lunch as we talked with Sarah Sepalou, ILP provider for Nome region. Everyone introduced themselves to Sarah. Sarah comes to the ILP program after growing up in Savoonga/Gambell where her father was a pastor. She married a man from Savoonga and has young children. Prior to working at ILP she worked for the Headstart program. One of her children was enrolled in the ILP program, which lead to her deciding to work for the ILP program.

### About the Norton Sound ILP Program

- Sarah works for Norton Sound Health Corporation and is currently the only ILP staff. Recently the Coordinator for this ILP resigned so Sarah has had to take on all the duties for the ILP. This ILP serves the city of Nome as well as 14 nearby villages-which require travel by plane except the village of Teller. Sarah tries to plan her visits to the village as day trips so she can care for her own children. She is currently trying to visit a village once a month but it is difficult as she is the only staff. Before the program coordinator resigned, she would try to visit a village each week. The Norton Sound ILP program currently has 12 children enrolled in the program. Sarah has worked for the ILP programs for 4 years. The area is working to create Early Headstart and Parents As Teachers (PAT) programs. The ILP contracts for itinerant speech therapy, shares a physical therapist with the school district and does not have an occupational therapist. This program uses the HELP and REAL 3 as assessments.

### Innovative Practices

- Sarah is one of the “best practices” for this program as she grew up in the area and is trusted. Parents know she will follow up on things and will stay at the job. This has allowed her to gain the trust of village families. Sarah often shares her personal experiences as a parent in the ILP program to gain trust and make families feel comfortable. She tries to attend all ILP meetings in person if she can.
- Transition from ILP to preschool seems to work well but often Sarah ends up training the new staff at the preschool.
- Sarah has a good working relationship with the village health aides and the PAT person.
- This ILP program has a great itinerant speech therapist that helps out a lot.
- Sarah also consults with the physical therapist at ANMC to get ideas about that to do with certain children.
- Sarah has presented trainings to the local health aides about ILP to increase referrals.
- She has learned not to call families before 1 pm as they will be sleeping. They are angry if she wakes them up. She also calls the family the day before the visit to remind them she is coming and confirm the appointment.
- Village clinics often have a space for itinerant staff that come to the village. So she can leave her bags there if needed. Sometimes that is where she meets with people.
- Norton Sound pays for people to get degrees. Also lots of scholarships for high school students. UAF has a Northwest campus in Nome. A good group of people to recruit to become providers would be former parents of the ILP/Headstart programs.
- Technology is very useful for ILP staff to consult with professionals in Anchorage. The new flip cameras given to all ILP agencies should be very helpful with this.

### Needs or Systemic Issues

- Weather and travel are the biggest problems for providing ILP services in this region. It takes Sarah an entire day to travel to one village. Often she is weathered out (or in a) village and unable to travel. Traveling to villages is difficult for many reasons:
  - There are no buildings at the runway, so she has to be sure someone will come to pick her up (especially in the winter).
  - Some villages do not have septic systems, so finding a place to stay when weathered in is difficult.

- She needs to have someone take her places because it is too far to walk, she is unable to find where a families' home is located (i.e. we live in the red house but in reality it used to be red). Health aides are usually her contact in the village to arrange visits.
- Cultural issues of a white person visiting a native family-such as interviewing families without being seen as nosey. Other cultural issues include knocking on the door-most people will not answer it as villagers will just walk in so when you knock they know you are someone from outside the village. So what you need is someone from the village willing to take you to the home and then they just walk in. It helps to have someone to introduce you to the family.
- Completing all the services to children and completing the paperwork is a current challenge as she is the only staff person. Currently she is cleaning toys, visiting families, writing IFSPs, answering the phone, doing intakes, writing reports and following up on new referrals. Sometimes she has to do investigative work to find the legal guardian of the child who has been referred.
- Recruiting and retaining staff is also a huge issue. If someone quits, it can often take a year or longer to replace that person.
- Getting others to make referrals to ILP is difficult as the other screeners (health aides, dental assistants) have too much to do.
- It is difficult to work out the contracts with therapy providers who want Norton Sound Health Corporation to do the Medicaid and insurance billing as part of their contract.
- Occasionally families treat ILP providers as babysitters when they show up. The parents will watch TV instead of participating in the visit.
- Families that do not have employment often stay up until 1 or 2 am watching TV because they do not have to get up to go to work. As a result the kids also stay up late. This often makes it difficult for her to travel in, meet with the family in the afternoon and fly home the same day.
- Sometimes parents know something isn't right but are shocked by the diagnosis.
- Many young/teen parents-(group suggested parenting classes at the high school).
- Having to leave the village to get a degree is what stops most people from trying. Some people don't have the money to get an education at UAF.
- Using technology to provide ILP services to families in villages is not possible at this point. Most villages do not have access to technology in their homes.

### **Kawerak Headstart Site Visit**

We met with Deborah Towbridge, who is the disability coordinator for the Kawerak Headstart Program. She is a teacher from Michigan who sailed (with her husband and two children) through the Arctic Ocean to get to Nome! She is going on her second year with Kawerak but has plans to sail on to new places in the next year or so.

As Disability Coordinator for Headstart, Deborah reviews all the IEPs, teaches the staff about IEPs and how to work with children with disabilities, sometimes she has to track down the IEPs from districts, and she tracks all the IEP dates for 24 students with IEPs. She works with the itinerant providers (special education teacher, speech/physical/occupational therapy, behavior, etc). Deb works with the Headstart teachers to learn about IEP goals.

If a student has "intensive needs" the district will provide an aide to work with the student. The

school trains the aide.

#### About the Kawerak Headstart Program

Kawerak Headstart serves the City of Nome, and 13 villages in the area. Kawerak Headstart serves about 220 children. Usually with 20 students per classroom. Some villages have 2 classes. Nome has 3 classes. Kawerak is planning to start Early Headstart programs in each village. This year they are starting Early Headstart in Nome, Elim, and Brevig Mission. Most children with disabilities come to their program through the Norton Sound ILP program. They work with Nome City School District and Bering Straits School District to transition children to kindergarten. They act as the preschool sites for students with disabilities. Headstart is required to have 10% of their students to have disabilities. Nome also has another private preschool.

#### Innovative Practices

- Transition services work well here with the ILP staff, Headstart staff and school staff working together at the transition meeting.
- Deborah started a training program here for Headstart staff. They work with UAF to provide credits for all the in-service trainings and Kawerak pays for the tuition. Recently they designed a week long course on inclusion, working with students with disabilities and how to teach parents to advocate for their child's needs. They had 27 staff take this training. Headstart staff have to work towards their CDA, and/or continue towards an AA degree in Early Childhood Education.
- They have a summer intensive program where staff go to Fairbanks for 9 days. Kawerak pays for them to go to Fairbanks (tuition and travel expenses)
- EED Pre-K pilot program. Two teachers from the Nome City School District come over and teach the Kawerak Headstart classes. They do all the assessments required by the grant. They have had enough staff to search out all the eligible 3 and 4 year olds in the community. They have 3 classes. They have seen a huge difference in children's skills when they enter kindergarten. They hope to have data for the Dec meeting of the State Board of Education meeting.

#### Needs or Systemic Issues

- Recruiting and retaining staff. It is difficult to find reliable staff who will come to work each day as well as staff retention. There is a high turnover rate of aides in the school districts. Most staff come with little or no qualifications. The pay for positions is not enough to meet the high cost of living in this area. Most leave because the job was harder than they thought and they can make the same amount of money at the grocery store.
- Children who almost qualify but don't meet the eligibility guidelines as special education are an issue because they really need services.
- SESA Patricia McDaid has gone to Gambell to help with specific students with disabilities. This program needs to be expanded to be able to work with the Headstart/preschool age children. SESA needs to have more staff so they can come to districts more often. They need to provide more training to work with kids who are Fetal Alcohol Spectrum Disorders.
- Staff need to learn how to use technology better. We need some kind of consultant who can work with Headstart.
- There is a separation between the Headstart teachers and school district staff.
- There is a need for the Headstart staff to be seen as a valued member of the IEP team and to

- increase their participation at IEP meetings.
- There is a need for bachelor's level classes that people can take by distance education.

### **Nome City School District Site Visit**

Met with Megan Fowler (Special Education Teacher-preschool and grade school) and Dave Keller (Elementary Principal and Special Education Director). Megan is new to the district-she has been there a month or so. Dave has worked in Nome and surrounding school districts for many years.

### **About the Kawerak Headstart Program**

The city of Nome has their own school district. They use the Kawerak Headstart Program to serve their preschool age students with disabilities.

### **Innovative Practices**

- EED Pre K pilot program is serving 60 preschoolers this year. Originally Nome preschool (the private preschool) was also a part of this project but pulled out this year due to changes in the staff. Dave has met with Commissioner LeDoux about extending the funding for the Pre K pilot programs. He would like our support on this issue if it is discussed by the State Board of Education or the legislature. Dave is hoping the local school board will see the dramatic change with these students and continue to fund it after the pilot project money is gone. They will use comparison data; students in the program will be one cohort and compare that to students who were not in the program. They are going to also track these students though grade school.
- Early Education program similar to the program in Kennewick Washington. Hoping to convince the local school board to set goal of 90% of all students reading at grade level by 3<sup>rd</sup> grade. He sent a team of school staff down to Kennewick to see their project. They learned many things on their visit to Kennewick including: all teachers work with students who are behind-not just the special education teachers, teachers teach at a higher level with high expectations, everyone in the school helped with reading, they tracked all the gains on a regular basis, the aides travelled through the school to help during the different reading times, small reading groups of 4 to 5, older students tutoring younger students if this is an area they are interested in. In Nome, they see kids entering kindergarten 2-3 years behind already. Thus, the reason they requested to be a site for the EED Pre K pilot projects. Dave showed our group the book written about the Kennewick project called "Annual Growth for all Students: Catching Up for those who are Behind" by Lynn Fielding, Nancy Kerr and Paul Rosier. This program provides 60 minutes of daily reading instruction to all students. Students who are behind, they receive an additional 90 to 120 minutes of reading instruction. They use MAP and DIBELS to assess students on regular intervals to see how they are progressing. If they are not making progress, then staff try a different reading curriculum. They presented this idea to the local school board last night without any complaints. As part of this project, they would like to start an early literacy campaign that is culturally relevant (i.e. Yupik stories and examples, involving elders and parents, etc). They already have Imagination Library.

### **Needs or Systemic Issues**

- Assistance in promoting an extension of the EED Pre-K pilot grants

- Increase in pay for districts so they can retain teacher assistants, especially for intensive needs students. Currently people can make more money working at the pizza restaurant than they can work as an aide in the school district.
- They would like to have a Stone Soup Group parent navigator in Nome to help parents get services.
- They might ask us to come and present at their school board meeting about the importance of early education.

### **October 27, 2010 at 9:00 a.m.**

#### **Election of EIC Chair**

There was a discussion of who could be Chair of the EIC. Usually the Chair is a parent of a child with a disability. The Chair of the EIC must be a Council member. This leaves two possibilities with the current EIC membership-Amy Simpson and Heidi Haas. The discussion started with asking Amy if she would be Chair of the EIC and ended with the suggestion that Amy become Chair and Heidi become Co-Chair. Patrick Pillai made this a motion and Mary Dietz seconded it. The motion **passed** unanimously (there were 4 of 7 voting members present)

#### **Structure of EIC meetings**

The group discussed how the current format of the EIC meetings was working. Some issues included the EIC meetings seemed rushed to get through everything on the agenda. Committee members felt like they were not giving input into the issues because it was so rushed. Another issue in reviewing the indicators, the fact that the APR Indicator information is 2 years behind. It was suggested that the State ILP provide a quarterly indicators data using the red/green light format. This information would be current to the most recent quarter. They would like to have statewide data and data by region. There was a discussion of whether the group had/wanted a mission statement to guide decisions about priorities and the work plan. Lizette shared the quote “If you don’t have a plan-every road will get you there”. The group discussed how to give the proper weight to issues brought to the EIC through personal experience, public testimony, correspondence, etc. The group would like to be able to make an impact on the early childhood system. This group suggested we only work on 2-3 big ideas so that we can make an impact. They would like to make statewide changes that impact services in local communities. They would like to be better aligned with the work of the Rural Services Ad Hoc committee. They discussed needing quantitative data (ILP data base) and qualitative data (site visits). The group also discussed that they get information from ILP data, parent survey, public testimony, site visits, correspondence, etc)

Amy Simpson shared that at PIC, they changed the format of their Board meetings. She gave the group examples (executive summary, data sheets, voting early in the meeting, information to be voted on before the meeting, large chunks of time to discuss issues). The group decided they would like to have:

- quarterly indicator data using the dashboard format both for statewide data and regional data
- an executive summary of progress on the work plan
- large chunks of time to discuss issues/priorities in depth

- verbal reports from agencies
- Spring meetings (March and April at least) devoted to developing the suggested priorities for the next year.

### **Goal 1: Eligibility Change**

The group reviewed the fact that there is no regulation or statute change needed to change the eligibility requirements for ILP programs in Alaska. It would be a policy change. We don't have all the data from the expanded eligibility pilot projects and the cost study to be able to predict what the increase in numbers of children and cost would be with the increase in eligibility. It is hoped that by the end of the year, we will have a cost study report and some data from the pilot projects. OSEP has set a goal for each ILP to be services 2.9% of the population. The group would like to have data on the current percent of children each ILP is serving.

The group also discussed the changes in Medicaid billing for ILP services and the billing structure needed to accomplish Medicaid billing for local ILP agencies. It is hoped that ILPs could start billing Medicaid for services sometime in late spring of 2011. The next step after this system is up and running would be to begin discussions about private insurance billing for ILP services.

The group decided on the follow steps for the work plan under this goal:

- A. Identify funding for eligibility expansion
  1. Presentation from State EI/ILP on Medicaid billing
  2. Review and advise State EI/ILP on cost study
  3. Review and advise State EI/ILP on pilot project data
  4. Work with State EI/ILP to advocate for private insurance billing for ILP services
- B. Increase EC workforce to meet eligibility expansion needs
  1. Review and advise State EI/ILP on SEED training structure
- C. Systemic changes needed for eligibility expansion
  1. Research Medicaid billing system options (each ILP bill independently or have central billing office)
  2. Creation of data system that matches Medicaid rules

### **Goal 3: Supporting Stone Soup Group Parent Conference**

The group discussed the conference and made the following suggestions for experts:

- Autism-Krista James/Pat Mc Daid
- Down Syndrome-Donna Davidson, Julie Broyles
- Vision-Andrea Story
- Deaf/Hard of Hearing-Duane Mayes and Patrick Pillai
- FASD-Deb Evensen, Cheri Scott
- Deaf/Blind-SESA
- Behavior-Lori Roth, Lyon Johnson, Pam Schackelford, Monica Luther, Chris Strum
- Sensory Integration-Carrie Moore at Focus?, Ellen Pryor
- Adaptive/Assistive Technology-Mystie Rail

Suggestions for funding travel/scholarships:

- Trust
- GCDSE
- SESA/DSI for parent of children who are deaf/blind
- ILP?
- EED
- DD Programs
- AILPA
- Providence
- Premera Foundation-ask Amy for info
- Rasmussen
- Elks, Moose, etc
- Banks,
- National groups-Autism Society?

Other suggestions from the group about conference were that they should have a parent panel so other parents can ask questions and get answers.

Suggestions for the Make and Take sessions-picture schedules (routines, done by other parents), PIC's transition story book, records notebook, etc.

The group also suggested the Council host a public forum for their 5 year plan using the community café model.

The group decided on the following steps for the work plan under this goal:

- A. Provide suggestions on funding ideas
- B. Provide suggestions for disability experts
- C. Provide “make and take” session suggestions
- D. Host a community forum at the conference

## **Goal 2: Early Intervention Services For Deaf and Hard of Hearing**

The group began a discussion that included many topics: that parents need equal information on all options and that this information needs to be repeated at different points throughout the EDHI/ILP process. Families should be offered a bi-lingual option to include both sign and auditory training for their child. Students are entering ASSDHH at 3<sup>rd</sup> grade already many years behind because they were not successful with the strictly oral option. The ILP programs do not get a lot of referrals from the audiologists. We should continue to investigate the EDHI process by meeting with the audiologist to find out what they need, explain ILP and its benefits/bring data.

Deaf Education Board (DEB) members would like to see early intervention services go back to the direct service model. The DEB voted on the following recommendations:

1. ILP should survey all parents of deaf/hard of hearing children and analyze those results separately and compare to other ILP parent survey results.
2. PIC should create a local ILP/deaf/hard of hearing expert to work with all ILP programs
3. ILP and the DEB should work together to create a deaf mentor program for ILP families



Another discussion point was that the ASSDHH reports children come to kindergarten 1-2 years behind-what can ILP do to improve this? ASSDHH had one preschool student last year. There was also a discussion about the cancellation of the Buddy Bears program at ASSDHH for preschoolers. There needs to be training for preschool providers on Deaf/Hard of Hearing (D/HH) and it should be free but allow for CEUs. Annual training is needed for all ILP providers on D/HH.

Problems with audiologists: They don't understand how ILP works or its philosophy, they call ILPs and prescribe the amount of services ILP agencies should provide, they are used to telling others what needs to be done/prescribing. They want ILPs to only do service coordination. Audiologists do not feel ILP providers are qualified to be providing services. There is a big difference between medical audiologists and educational audiologists. Some audiologists tell parents to not let their child sign because they will not learn to talk. EIC should survey AILPA members to find out what they need from audiologists and what they see as the problems/solutions.

Parents need to know all options for their children and this information needs to be repeated throughout the EDHI/ILP process. The EIC needs to look at both the EDHI state and federal regulations to understand exactly what they say. There is a problem sharing data between the EDHI and ILP program who are both in under DHSS. This needs to be fixed. More ILP providers need to go to the EDHI conference. It would be awesome if we could get some audiologists to go to the EDHI conference. How does AK EDHI data compare to the national data?

Options for improving the referral process:

- Educate audiologists about ILP
- Create regulations requiring audiologists to make ILP referrals
- Create a process in EDHI to make referrals

The group decided on the follow steps for the work plan under this goal:

1. Review parent survey of D/HH families
2. Assist in creation of deaf mentor program for ILP families
3. Support local ILP to create D/HH expertise
  - a. increase D/HH expertise at PIC
  - b. ongoing D/HH training for ILP providers
4. Provide state and Federal EDHI regulations to EIC
5. Investigate roadblocks of audiologist referrals to ILP
  - a. Survey ILP about needs from audiologists
  - b. Meet with private audiologists
  - c. Training for audiologists on ILP philosophy/services?
  - d. Advocate for EDHI system changes on ILP referrals?
  - e. Research solutions to EDHI/ILP data sharing
6. Research solutions to EDHI/ILP data sharing

**October 27, 2010 at 9:00 a.m.**

**Goal 4: Workforce Development**

The group had a lengthy discussion of the System for Early Educational Development (SEED) registry. There are many levels as the SEED registry applies to all early childhood. For ILP providers they must have at least a Level 7 (associates degree in child develop or related field) or a Level 9 (a bachelor's degree). These levels cannot work with families without supervision. Level 10-11 Master's degree with licensure or certification and level 12-PHD can work with families to create IFSP plans. The higher levels are required to bill for Medicaid. All ILP providers will have to register for SEED (at this point they will be on a provisional) and complete ILP modules (which provide a core set of ILP knowledge) to become highly qualified. It was suggested that the SEED ILP modules be embedded with cultural sensitivity/education. The \$300,000 the Council receives is going to get all providers highly qualified.

UAA partnership with Chevak- professors go to Chevak to train teachers for that district. They also do distance education. This is a program to grow special education teachers in Chevak. There is a shortage of therapists. We reviewed the current loan forgiveness programs and decided that two looked promising for EC providers. UAA is doing a needs assessment for a bachelors program in Speech Therapy. They would need 20 students to support such a program. Currently at UAA, students are offered 18 "leveling" courses so they can participate in a masters distance education program with another university, then UAA provides the internship supervision. UAA also offers a dual certificate program in early childhood education and K-12 teaching. The group suggested locating federal grants to fund early childhood education as the UAA grant has ended.

One of the difficulties keeping therapists in ILP is the competition with other agencies that pay more (VA, hospitals, private practice, schools, etc). Usually ILP agencies are able to hire staff who move to AK with their spouse (especially those in the military), those who want to work part-time (retired or want to stay home with children), internships, and offering a hiring bonus.

PIC provides 1-2 internships per year and sometimes hires them. Ideally internship programs would be able to offer a stipend. The group discussed ways to take this internship idea statewide so interns might spend time in various Alaskan communities during their internship (Anchorage, Nome, Ketchikan, etc).

Other ideas of how to recruit 18 year olds/new college students:

- create a map/chart that shows a pathway to becoming an ILP provider including the why with the various steps
- talking with alumni
- using the UAA/UAS/UAF websites to advertise
- contacting Future Teachers of America (Alaska?) groups and do a presentation on early childhood/ILP
- talking at freshman orientation at UAA/UAS/UAF
- sending students emails

- finding a way to make a connection to students to see what the job really is like such as creating a high school class in which students can get credit for coming to work/assist with an ILP provider and go on home visits
- hosting a student conference on early childhood professions

The group decided on the follow steps for the work plan under this goal:

- A. Cultural competencies embedded in SEED module trainings
- B. research changing the following programs to include EC:
  - Alaska Teacher Loan Program (TEL)
  - State Loan Repayment Program for Alaska
- C. Survey current providers as to their path to becoming an ILP provider
- D. Ask AILPA for suggestions on grow your own ILP
- E. Talk with Future Teachers of Alaska programs to present on Early Childhood Education and ILP

### **Adjournment**

The meeting was adjourned at 11:30 am in order to catch the flight back to Anchorage